

3700 #10
Receipt

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PATENT

Attorney Docket No. HOOV-117

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Michael D. Hoover

Serial No.: 10/015,868

Filed: December 12, 2001

Examiner:

Art Unit: 3739

For: TRANSMURAL ABLATION DEVICE WITH
THIN ELECTRODES



) I hereby certify that this correspondence
) is being deposited with the United States
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) Commissioner for Patents
) Washington, D.C. 20231 on:

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) *Kristine Callahan*
) Kristine Callahan

) Date: June 26, 2002

Commissioner for Patents
Washington, D.C. 20231

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TECHNOLOGY CENTER R3700

REQUEST FOR CORRECTED UPDATED FILING RECEIPT

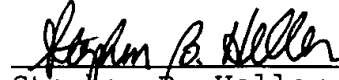
Dear Sir:

There is an error in the Updated Filing Receipt received for the above-identified patent application.

The Updated Filing Receipt incorrectly indicates that this application is a CIP of 10/032,372, filed December 21, 2001. In fact, this application is a CIP of 10/032,378, which was filed on October 26, 2001. Correction of the Filing Receipt is respectfully requested.

A copy of the Filing Receipt indicating the requested corrections is attached.

Respectfully submitted,



Stephen B. Heller
Registration No. 30,181

COOK, ALEX, McFARRON, MANZO,
CUMMINGS & MEHLER, LTD.
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UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO.	DRAWINGS	TOT CLAIMS	IND CLAIMS
10/015,868	12/12/2001	3739	435	HOOV 117	63	6	2

CONFIRMATION NO. 7290

26568

COOK, ALEX, MCFARRON, MANZO, CUMMINGS & MEHLER LTD
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UPDATED FILING RECEIPT



OC000000007992950

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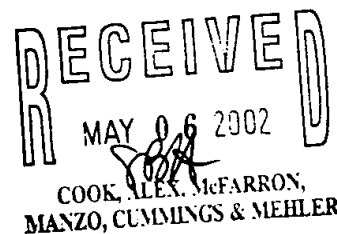


Date Mailed: 05/01/2002

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Michael D. Hooven, Cincinnati, OH;



Domestic Priority data as claimed by applicant

THIS APPLICATION IS A DIV OF 10/038,506 11/09/2001
WHICH IS A CIP OF 10/032,372 12/21/2001* 10/032,378 10/26/2001
WHICH IS A CIP OF 09/844,225 04/27/2001
WHICH IS A CIP OF 09/747,609 12/22/2000
WHICH CLAIMS BENEFIT OF 60/200,072 04/27/2000
(*)Data provided by applicant is not consistent with PTO records.

Foreign Applications

If Required, Foreign Filing License Granted 03/08/2002

Projected Publication Date: 08/08/2002

Non-Publication Request: No

Early Publication Request: No

** SMALL ENTITY **

CASE	0320-0017
ATTY	6WH/3BH
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Bib Data Sheet

CONFIRMATION NO. 7290

SERIAL NUMBER 10/015,868	FILING DATE 12/12/2001 RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. HOOV 117	
APPLICANTS Michael D. Hooven, Cincinnati, OH; ** CONTINUING DATA ***** THIS APPLICATION IS A DIV OF 10/038,506 11/09/2001 WHICH IS A CIP OF 10/032,378 10/26/2001 WHICH IS A CIP OF 09/844,225 04/27/2001 WHICH IS A CIP OF 09/747,609 12/22/2000 WHICH CLAIMS BENEFIT OF 60/200,072 04/27/2000 ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 03/08/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY OH	SHEETS DRAWING 63	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 2
ADDRESS 26568					
TITLE Transmural ablation device with thin electrodes					
FILING FEE RECEIVED 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: 		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



APPLICATION NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
10/015,868	12/12/2001	Michael D. Hooven	HOOV 117

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CONFIRMATION NO. 7290

26568
COOK, ALEX, MCFARRON, MANZO, CUMMINGS &
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CHICAGO, IL 60606



Date Mailed: 06/24/2002

RESPONSE TO REQUEST FOR CORRECTED FILING RECEIPT**Claims, Fees, and Inventors**

In response to your request for a corrected Filing Receipt, the Office is unable to comply with the request because:

- ☐ The total number of claims appearing on the Filing Receipt does not include multiple dependent claims. The total fee appearing on the Filing Receipt includes the cost of multiple dependent claims that were present at the time the application was filed.
- ☐ The filing fee is correct. It may include additional claims fees and/or the surcharge under 37 CFR 1.16(e) for filing an oath/declaration or basic filing fee after the application filing date; or it may not reflect fees refunded to the applicant that were paid by mistake.
- ☐ The number of claims reflected on the filing receipt is correct. Upon review of the claims, it was found that there was a miscalculation by the applicant. This may be due to improperly presented multiple dependent claims, typographical error, misnumbering of the claims, or other oversight. An amendment may be necessary to correct the problem.
- ☐ The filing fee reflected on the filing receipt is correct. Applicant may have miscalculated the fees due.
- ☐ Applicant calculated fees as other than small entity; however, applicant asserted small entity status in the application. Therefore, fees were applied as small entity and the remainder was refunded to the applicant.
- ☐ The difference between the fees paid and the fees due was refunded to the applicant and will not be shown on the filing receipt.
- ☐ The inventor information may be truncated if the family name consists of more than 50 characters (letters and spaces combined) and if the given name consists of more than 50

— characters (letters and spaces combined).

☐ The inventor's residence allows for up to 40 characters (letters and spaces combined).

☐ The inventor's residence will only include the city and state for U.S. residences or city and country for residences outside the U.S. (See MPEP 605.02).

☐ A petition to correct the inventorship is needed to make this change. See 37 CFR 1.48. For non-provisional applications, the petition should be directed to the Director of the examining group assigned to your application.

☐ Changes made after submission of an executed declaration to the inventor information other than correction of typographical errors must be submitted in the form of a substitute declaration. Change of inventorship requires a petition under 37 CFR 1.48.

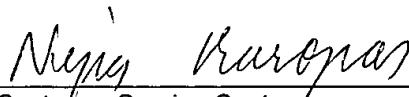
☐ The number of drawings shown on the filing receipt reflects the number of drawing sheets submitted and is not necessarily equal to the number of figures submitted.

☐ The correspondence address was captured as directed by applicant on filing. If you wish correspondence to be directed otherwise, please submit a request for a change of address.

☐ The docket number allows a maximum of 25 characters.

☐ The person signing on behalf of the deceased inventor is reflected on the Filing Receipt as the legal representative.

☒ The filing date of a parent application cannot be changed by this request. A petition to correct the filing date in the parent application is required.



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